



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 0 — 0 0 8</u>	2. STATE: South Dakota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2000	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.51 through 447.58 and 1902 (a) (52) + 1925 (b) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2000</u> \$ <u>4,230</u> b. FFY <u>2001</u> \$ <u>16,853</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.18 of the State Plan Pages 54, 56 + 56b.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 4.18 of the State Plan Pages 54, 56 + 56b.	
10. SUBJECT OF AMENDMENT: To eliminate the cost sharing requirements for Medicaid recipients who are 18 years old, and to clarify monthly premiums for families receiving extended benefits during a second 6 month period are no longer provided.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Social Services Office of Medical Services 700 Governor's Drive Pierre, SD 57501-2291	
13. TYPED NAME: James W. Ellenbecker			
14. TITLE: Secretary			
15. DATE SUBMITTED: <u>8/31/2000</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 1, 2000		18. DATE APPROVED: <u>11/21/00</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>7/1/00</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: David R. Selleck		22. TITLE: Acting Associate Regional Director	
23. REMARKS: POSTMARK: August 31, 2000			

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: _____

Citation

42 CFR 447.51
through 447.58

1916(a) and (b)
of the Act

4.18 Recipient Cost Sharing and Similar Charges

(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

xx Age 19

 Age 20

 Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 00-008

Supersedes

TN No. 91-18

Approval Date

11/21/00

Effective Date 07-01-00

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

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Citation

4.18(b) (Continued)

42 CFR 447.51
through
447.48

- (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

— Not applicable. No such charges are imposed.

- (i) For any service, no more than one type of charge is imposed.

- (ii) Charges apply to services furnished to the following age groups:

— 18 or older

xx 19 or older

— 20 or older

— 21 or older

— Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

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Citation

1916(c) of the Act	4.18(b)(4) _____	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. <u>ATTACHMENT 4.18-D</u> specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	4.18(b)(5) _____	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	4.18(b)(6) _____	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. <u>ATTACHMENT 4.18-E</u> specifies the method and standards the State uses for determining the premium.

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